

# COORDINATING AMERICA'S HIGHLY DIVERSIFIED EARLY CHILDHOOD INVESTMENT PORTFOLIO

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The United States has a complex array of preschool programs that includes Head Start, state pre-K, private and public child care, and preschool special education that costs about \$32 billion a year in public funds. Efforts toward coordination are sporadic and poorly supported. The result presents a confusing array of services that are difficult for families to navigate and waste resources and opportunities for greater comprehensiveness of services. This chapter presents several creative suggestions for how programs could be better integrated and regulations and accountability systems aligned to create a more cohesive system of early education and care.

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Over 12 million American children under the age of 6 are provided some type of out-of-home services. These services take many forms—child care offered in centers or in the homes of others aimed at keeping children safe and well-cared-for while parents work or attend college; primarily educationally-focused services in public or private schools (for example, state- and district-funded pre-K); programs designed to provide a wide array of services to facilitate the overall development of children and families (for example, Head Start and Early Head Start); specialized services for children with developmental disabilities (for example, early intervention and preschool special education services); and services that are hard to categorize by their features, aims, or funding source. All of these services provide at least some amount of child care (some enough for parents to work, some not), and some are designed specifically to be of added educational or developmental value to children.

*These services represent a multi-layered national investment in our children's success in education, work, and life.*

Each year over \$32 billion of federal and state funds are invested in this complex portfolio of early childhood services. On the federal side, starting with the U.S. Department of Health and Human Services (HHS) about \$10 billion is funneled into providing child care for families in or near poverty, through the Child Care and Development Fund (CCDF) and Temporary Assistance to Needy Families (TANF). For

just over \$7 billion per year (in FY 2010), nearly a million children and families are provided the comprehensive services of Head Start and Early Head Start (EHS). Federal appropriations for young children through the Department of Education are more modest than those of HHS. A little more than \$0.8 billion of federal funds partially supports early intervention and special education services for children under 6, while about \$1.3 billion supports other educational services for preschoolers, such as early and family literacy, comprehensive school programming, and child care for the young children of college students. States contribute about \$3 billion toward matching federal child care subsidies and \$5.2 billion to provide state-funded pre-K to over 1.1 million preschoolers in a variety of settings, most commonly in the public schools.<sup>1</sup> None of this counts the \$14.5 billion of Title I funds for high-poverty schools and school districts, of which a portion is used to support preschool programming; the roughly \$4 billion of one-time additional funds from the American Recovery and Reinvestment Act of 2009 (ARRA) that have been designated for child care, Head Start and EHS, early intervention and preschool special education, nor the additional funds for pre-K and preschool special education provided by local school districts.

Clearly, these services represent a multi-layered national investment—an investment in our children's success in education, work, and life; an investment in the ability of parents to use stable and reliable child care to maintain employment or further their own education; and an investment in the current workforce of teachers, child care providers, and support staff that provide this care and education. The children and families eligible for these services vary significantly across programs, for example, young children from families in or near poverty, children with disabilities,

and—in a few cases—any young child. Taken together, the annual investment may appear rather large and spread across a dizzying array of programs and support services.

The services themselves, however, generally fit into one of three categories based on their primary aim—providing safe child care so that parents may work or go to school, providing educational services to improve school performance in all young children or those at risk of educational difficulties (for example, pre-K, early intervention, and preschool special education), or providing a comprehensive array of child- and parent-focused services to support families living in poverty (for example, Head Start, EHS, and many home-visiting programs). The aim is often tied closely to the goals of the departmental agency that funds the service and the type of local setting and administrative agent (for example, public school, community action setting, or private child care center) that hosts it.

At present, families must generally choose which of these three aims best address their most pressing needs—assuming an availability of options exist within their community. Parents may find themselves placed in the position of choosing between the child care hours they need to work versus a classroom experience with a highly trained teacher in the school where the child will later be attending versus the comprehensive services and parent involvement opportunities that the parents may value. The challenge, then, is to create an overarching infrastructure that supports all of these service options in a way that reduces duplication and facilitates the coordinated sharing of resources.

## **A Case for Coordinating Resources**

As comprehensive, two-generation programs, Head Start and EHS policies mandate far more comprehensive health, mental health, and parenting services than state-funded pre-K and other forms of care and education for young children.<sup>2</sup> These additional services include health, vision, dental, and mental health screenings and referrals, assistance accessing social services, adult education for parents, nutritious meals, and opportunities to become actively involved in parent governance of the program. Indeed, these comprehensive services and parent involvement opportunities are a hallmark of Head Start and EHS. Conversely, state-funded pre-K programs, typically administered by the state department of education and usually located in public schools, have policies that tend to stress teacher educational levels and minimize non-educational services. However, due to their primary location in schools, they often have more access to special education supports than Head Start.

A 2008 study using data from 3,898 randomly selected and nationally representative state-funded pre-K teachers found that about 59 percent of state-funded pre-K classes are located in a public school, 9 percent are located in Head Start grantees, and an additional 9 percent were located in Head Start grantees that were also public schools—an instance where the resources of Head Start and the public schools were blended to at least some degree.<sup>3</sup> The remaining 23 percent were in a variety of community-based child care centers.

When the various types of programs were contrasted, the results were as would be expected from the policies. Classes located in Head Start grantees were far more likely to offer each of thirteen

comprehensive services, relative to those in the public schools—health screening, dental screening, mental health screening, vision and hearing screening, developmental screening, speech and language screening, immunizations, family social services, parenting education, family support and case management, adult education and job placement, home visits, and nutritious meals. Furthermore, Head Start had significantly smaller classes and more favorable student-teacher ratios, relative to classes in public schools. Only 6.7 percent of Head Start teachers reported having more than twenty children in class at any time during the day, as compared with more than three times as many public school pre-K teachers (21.7 percent). Public school pre-K was also more than twice as likely to have more than ten students per adult relative to Head Start (27.6 percent versus 13.2 percent). Conversely, lead teachers in public school pre-K classes were far more educated, relative to Head Start teachers. More specifically, 89.7 percent of public school pre-K teachers held a bachelor's or master's degree, as compared to only 36.7 percent in Head Start programs that were receiving state pre-K support. In addition, preschool teachers in public schools were over seven times more likely to have a master's degree. When only degrees specific to early childhood education are considered, public school pre-K teachers were still far more likely to have a bachelor's degree or higher, relative to their Head Start peers (39.5 percent versus 13.4 percent).

More interesting, however, is that the pre-K classes where Head Start and public school resources are blended—Head Start grantees that were also public schools—seemed to exhibit the strengths of both and the weaknesses of neither. Overall, the combined model tends to resemble Head Start in its strengths regarding comprehensive services, retain much of

Head Start's advantage in class size and student-teacher ratios, and have teachers whose education levels (although falling short of those in the public schools) are a significant improvement over those of Head Start teachers not located in a public school. The results provide encouragement for a stronger partnership between Head Start and the public schools—one in which Head Start's comprehensive services are combined with the teaching workforce of public school pre-K programs.

This study also found that the child care centers that were a part of these state-funded pre-K systems, but were neither in a public school nor a Head Start grantee, were open more hours per day and more weeks per year (including the summer months). Many of these child care centers that were subcontracted into the state-funded pre-K systems were receiving support from CCDF or TANF. As a result, hours were optimized for the child care needs of working families beyond the hours provided by many Head Start and public school pre-K classes.

### **The Challenges of Coordination**

Of course, some degree of coordination between Head Start and state-funded pre-K is already happening—about 17 percent of Head Start grantees are public school systems and about 18 percent of all state-funded pre-K classes are located in a Head Start grantee.<sup>4</sup> But this level of coordination is modest in comparison to the degree of resource sharing that could exist.

If state-funded pre-K systems continue to grow and expand into universality in some states, the most useful future role of Head Start becomes a question of growing importance. At least three potential responses have been proposed, each aimed at Head Start repositioning itself either to focus on populations not currently

being targeted for services by state-funded pre-K or to provide services that are not commonly offered by state early education systems.<sup>5</sup> The first option is for Head Start to essentially concede the preschool years to the states and focus on the greatly underserved population of infants and toddlers by placing its full emphasis on EHS. This option is appealing because EHS currently serves less than 3 percent of the eligible infants and toddlers and state pre-K systems serve very few children in this age range (about 3,400 in 2009).<sup>6</sup> A second option is to focus on populations that are difficult to serve or require special supports. Rather than targeting children with disabilities that make them eligible for early intervention or preschool special education, perhaps Head Start could focus more attention on its mental health component and target children with challenging behaviors that make it difficult for them to maintain their placement in other programs.

Despite the appeal of these two options, a third option may prove the most beneficial to building a cohesive system of early education and child care supports—facilitating greater collaboration between public school pre-K, Head Start, and child care. Specifically, public school-based pre-K would focus on its strength by providing the classroom academic components, including the qualified teacher and access to school support staff and special education services. Head Start would focus on its strengths by providing the comprehensive services, parent-involvement components, and home-visiting services. Although child health, family well-being, and parent involvement are widely believed to be important facets of early childhood education and development, as well as integral components of preparing children for school, schools have rarely made these goals central to their mission. Federal child care subsidies and quality set-asides could also be a part of the package to

provide resources for extended wrap-around child care hours, with families paying part of the cost for the extra child care hours on a needs-based sliding fee scale. Examples of Head Start and the public schools blending resources in a collaborative effort to create a coordinated array of services clearly exist,<sup>7</sup> and the Head Start state collaboration office in each state is the logical facilitating agent.

### **Toward Common Program Standards**

Two clear challenges to fostering greater collaboration are: (1) differences in program standards across Head Start and EHS, state pre-K systems, and the far less regulated child care system; and, (2) differences in eligibility criteria that determine which children and families may be served by these three types of programs. Differing program standards likely would need to be reconciled in order for funds to blend easily. If Head Start were allowed to focus only on the comprehensive services and parent involvement components, as described above, with the public schools focusing on the classroom components, the differing program standards may not matter. However, differences in eligibility criteria would still need to be reconciled.

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Currently, a myriad of monitoring and accountability requirements vex early education and child care staff and represent a significant duplication of effort. Many child care programs are required to be licensed by state departments of health. Head Start and EHS have their own monitoring and accountability systems. Public schools are regionally accredited. Programs that accept state-funded pre-K dollars are often required to satisfy state monitoring requirements that may include quality rating systems. Some programs also have a history of voluntary accreditation through agencies, such as the National Association for the Education of Young Children or the American Montessori Society. It is not uncommon for a program to be monitored or accredited by four or more different organizations. Some degree of regulation and monitoring is necessary to ensure safety, inform consumers, and ensure that public funds are used appropriately. Multiple monitoring systems that exist solely because of the existence of multiple funding streams, however, may lead to wasted resources and effort for little added benefit. Movement toward greater collaboration and sharing of resources should be accompanied by a concomitant movement toward common program standards and a reduction in duplicative monitoring, potentially saving state and federal funds and staff time.

### **Coordination with Early Intervention and Preschool Special Education**

Perhaps the most integral component of early intervention and preschool special education services for children with disabilities is the child-find system—one way children who are entitled to particular services are identified. Screening for developmental disabilities and referral to early intervention and special education services are other ways in which our early

education and child care systems could better collaborate.<sup>8</sup> Child care programs provide underutilized opportunities for supporting educational service delivery and should serve as hubs for linking families to other necessary services, such as early intervention and preschool special education.<sup>9</sup> Unfortunately, current state child care licensure laws do not support child care functioning as a reliable source of identification and referral for young children with developmental disabilities.

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Increasingly, state pre-K systems have provided a way for state educational objectives to be embedded in child care systems. Most state pre-K systems target low-income children, but non-targeted applications of pre-K are becoming more prevalent. When early care and education settings participate in these statewide systems, they generally must agree to provide certain levels of quality in classroom and support services. Although developmental screening is required by only twenty-nine state pre-K agencies, its provision could be incorporated into state mandates everywhere. The federally-funded Head Start (serving children 3 to 5 years old) and Early Head Start (serving children birth to 3 years) have performance mandates to provide regular developmental screening and to target services to children with disabilities. Since most publicly-funded preschool programs have collaborative agreements with special education preschool programs in the public schools, it should be

possible to design appropriate articulation between screening and service delivery in these settings.

### **Conclusion**

The United States has a complex array of early education and child care systems. It would be nice to believe that these programs are woven into a cohesive fabric, where the strengths of one system are combined with the strengths of another and where resources can be combined to meet the individual needs of the families being

served. Unfortunately, we are far from this level of coordination of effort and resources, with the result being a confusing array of services and programs for families to navigate and the constant potential for unnecessary duplication of effort and gaps in availability. Rather than focusing our efforts solely on the creation of more or different services, the time has come to make the most of the investments we have already made through a better coordination of the aims, services, and regulation and monitoring of our current investments.

## Notes

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<sup>1</sup> W. Steven Barnett and others, *The State of Preschool 2009: State Preschool Yearbook* (New Brunswick, NJ: Rutgers University, National Institute for Early Education Research, 2009).

<sup>2</sup> Walter S. Gilliam and Carol H. Ripple, "What Can Be Learned From State-Funded Pre-Kindergarten Initiatives? A Data-Based Approach to the Head Start Devolution Debate," in Edward Zigler & Sally J. Styfco, ed., *The Head Start Debates* (Baltimore: Paul H. Brookes Publishing, 2004), pp. 477-497; Carol H. Ripple and others, "Will Fifty Cooks Spoil the Broth? The Debate Over Entrusting Head Start to the States," *American Psychologist* 54, no. 5 (1999): 327-343.

<sup>3</sup> Walter S. Gilliam, "Head Start, Public School Pre-Kindergarten, and a Collaborative Potential," *Infants and Young Children* 21, no. 1 (2008): 30-44.

<sup>4</sup> Administration for Children and Families, Head Start Bureau, *Biennial Report to Congress: The Status of Children in Head Start Programs* (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Bureau, 2005). Available at [www.acf.hhs.gov/programs/ohs/about/biennial\\_report\\_2005.pdf](http://www.acf.hhs.gov/programs/ohs/about/biennial_report_2005.pdf); Gilliam, "Head Start, Public School Pre-Kindergarten, and a Collaborative Potential."

<sup>5</sup> Edward Zigler, Walter S. Gilliam, and Stephanie M. Jones, *A Vision for Universal Preschool Education* (New York: Cambridge University Press, 2006).

<sup>6</sup> Barnett and others, *The State of Preschool 2009*; Jane Knitzer, "Giving Infants and Toddlers a Head Start: Getting Policies in Sync with Knowledge," *Infants and Young Children* 21, no. 1 (2008): 18-29.

<sup>7</sup> Anthony Raden, "Universal Access to Pre-Kindergarten: A Georgia Case Study," in *Early Childhood Programs for a New Century*, ed. Arthur J. Reynolds, Margaret C. Wang, and Herbert J. Walberg (Annapolis, MD: Child Welfare League of America Press, 2003), pp. 71-113.

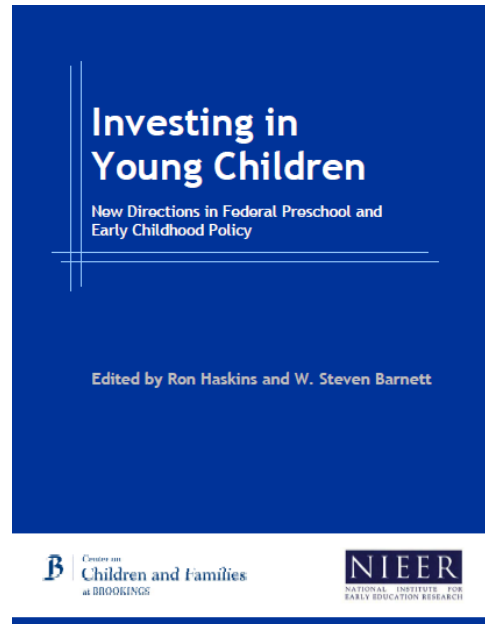
<sup>8</sup> Walter S. Gilliam, Samuel J. Meisels, and Linda C. Mayes, "Screening and Surveillance in Early Intervention Systems," in *The Developmental Systems Approach to Early Intervention*, ed. Michael J. Guralnick (Baltimore, MD: Paul H. Brookes Publishing, 2005), pp. 73-98.

<sup>9</sup> Joan Lombardi, *Time to Care: Redesigning Child Care to Promote Education, Support Families, and Build Communities* (Philadelphia, PA: Temple University Press, 2003).



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